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From: Karl M. Steins
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Date/Time: 2/19/08 1730

Subject: 10 (785, 356

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5

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PTO/SB/17 (10-07)

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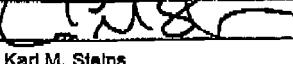
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Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).</i>		Complete If Known	
FEE TRANSMITTAL For FY 2008		Application Number 10/785,358 Filing Date 2/24/2004 First Named Inventor Lara Karlsson Examiner Name Fred H. Mull Art Unit 3602 Attorney Docket No. ADV7-H64	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 3280.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>501078</u> Deposit Account Name: <u>Agilent Technologies, Inc</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) Small Entity Fee (\$): 50 Each independent claim over 3 (including Reissues) Fee (\$) : 210 Multiple dependent claims Fee (\$) : 370							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)							
- 20 or HP = x = Fee (\$) <small>HP = highest number of total claims paid for, if greater than 20.</small>							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) - 3 or HP = x = Fee (\$) <small>HP = highest number of independent claims paid for, if greater than 3.</small>							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = / 50 = (round up to a whole number) x = Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fee (\$) : 130 Other (e.g., late filing surcharge), ISSUE FEE : 140, PUB. FEE : 350, FEE : 1510 Fee (\$) : 1510							

SUBMITTED BY	
Signature 	Registration No. 40,186 (Attorney/Agent)
Name (Print/Type) Karl M. Steins Date 2/19/08	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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